Child and Family Services Advisory Group

Meeting Notes
Children's Hospital – Richmond
November 8, 2004

Shirley Ricks, Director of the Office of Child and Family Services welcomed members and briefly presented an overview of children's issues. The vast majority of money for child and adolescent mental health is spent on a small number of children in foster care and residential treatment. Most of the money that is spent pays for residential treatment, rather than community-based alternatives that keep children with or close to their families. Since one in five children has a mental health disorder and one in nine has a serious mental health disorders, many children are not receiving the treatment they need because of lack of funding. Developing community-based systems of care will allow localities to shift monies from big-cost, highly restrictive treatments like residential treatment and move them toward lower costs, effective services like day treatment and wraparound services, thereby allowing more children to be served and in settings that are either at home or close to their home community.

Pertinent points from discussion about the following issues:

System of Care - The Child and Adolescent Special Populations workgroup strongly recommended that the DMHMRSAS adopt the system of care model developed by the Georgetown University's Technical Assistance Center for Children's Mental Health and adopted by SAMHSA and assume a leadership role in promoting this system of care model statewide with other state agencies, families, CSBs, and other public and private providers.

A System of Care Conference is scheduled for March 22-23 at the Hotel Roanoke. Localities are encouraged to bring a team consisting of members they work with on children's issues. Mental Health Block grant funds will pay for CSB staff and the parents to attend the conference.

Child and Adolescent Special Populations Workgroup - four major funding priorities:

1. Four system of care demonstration projects
2. Parent/Youth Involvement Network
3. Behavioral health services provided by CSBs in detention centers during and after detention stay
4. All resources in Virginia need to be maximized to build the capacity for behavioral health services that includes a comprehensive continuum of prevention, early intervention, and intensive therapeutic services

Training priorities:

1. Systems of Care regional and state training.
2. Fund slots for university training of child psychiatry fellows and child psychology interns with payback provisions.

3. Multi-systemic Therapy (MST) and Functional Family Therapy (FFT) capacity building to include training and statewide licensure, and to oversee and fund local MST/FFT services.
4. Conduct statewide trainings on evidence-based, best practices, and promising treatments for children with behavioral health problems—statewide workshops, seminars, and cross community trainings.
5. Cross-state and agency National Systems of Care model training.

Other recommendations:

1. Promote integration of services across MHMRSA disabilities by establishing policies that require services providers to conduct a single comprehensive intake addressing the areas of MHMRSA and developing a unified services plan and record.
2. Seek grant funding to enhance child and adolescent behavioral health services y establishing matching fund capacity through private foundations/corporations.
3. Strengthen university/community partnerships to enhance child and adolescent behavioral health services

Mental Health and Juvenile Justice - In July 2003, DMHMRSAS received a grant from the Department of Criminal Justice Services to pilot the provision of mental health services in five juvenile detention centers. The implementation of this grant allows for a partnership between detention centers and the community services board to hire, supervise, and manage the provision mental health services in the detention center. The grant provides for five clinicians and five case managers housed in the detention centers to provide the services and to purchase limited amount of psychiatric consultation for the juveniles. The Department has commenced aggressively providing technical assistance to the five grantees providing mental health services to children in detention centers. Staff has made appropriate contact to begin dialogue to bring the grantees together to address their issues and help develop similar reporting requirements to report the implementation of the project to the Department of Criminal Justices.

The Department of Criminal Justice Services has assured the Department that localities will receive federal funding for January 1,2005 thru December 31, 2005. Beginning in 2006, the Department will have to put up 50% of the match to continue to grant.

329-G Work plan and activities - The *2004 Report on the Integrated Policy and Plan to Provide and Improve Access to Mental Health, Mental Retardation and Substance Abuse Services for Children and Adolescents* includes a review and status report of the 2003 recommendations, the activities of the Department to develop and recommend strategic directions for restructuring the system of care and proposed recommendations for State Fiscal Year 2005-2006.

Pertinent recommendations for 2005:

1. The Department should also address new recommendations identified in the report to improve services to children and their families.
2. DMHMRSAS should resubmit a budget request to fund an integrated continuum of mental health, mental retardation and substance abuse services for children,

adolescents and their families based on evidenced base practices. The budget initiative shall give consideration to the varying geographic needs in Virginia, filling identified gaps, addressing co-occurring disorders and the needs of special populations such as children with early development needs, young juvenile sex offenders, and adolescents in need of transitional services into the adult services system.

3. The DMHMRSAS should resubmit a budget request to fund a determined number of dedicated integrated case managers for children and families in all community service boards/behavioral health authorities.
4. The DMHMRSAS should continue to explore existing resources within state and federal funds to provide statewide training on mental health, mental retardation and substance abuse services and integrated case management as related to the recommended continuum of mental health, mental retardation and substance abuse services for children, adolescents and their families.
5. The DMHMRSAS, in conjunction with Community Service Boards and Behavioral Health Authorities, should resubmit the request for a dedicated pool of flexible funds to be used specifically for program start-ups and program development, allocated in a manner that maximizes flexibility in program design and promotes achieving specific outcomes for children, adolescents and their families with mental health, mental retardation and substance abuse needs.
6. DMHMRSAS should continue to build the infrastructure of the new office of Child and Family Services to be an integrated organizational unit of the Department. This organizational unit should be involved at all levels seeking state and federal funding and developing policy for children and family services. The Office should provide leadership for child and family issues on a statewide basis through coordination of services delivery and integration of disability service systems, with the goal of improving access to mental health, mental retardation and substance abuse services for children, adolescents and families in Virginia.
7. DMHMRSAS should complete formalizing the state advisory committee for child and family services to support activities of the organizational unit in Recommendation 5. This should including identifying members, establishing by-laws, meeting schedules and setting agendas.
8. DMHMRSAS should seek ways to build and link the network of parents of children and adolescents with mental health, mental retardation and substance abuse service needs through collaborative effort with other child serving agencies and organizations to develop and implement statewide Parent/Family network and Advocacy Program.

Relinquishment of Custody Workgroup **-** As chair of the State Executive Committee, Secretary of Health and Human Resources Jane Woods established a widely representative task force to complete this study. This task force consisted of 32 members and was chaired by Raymond R. Ratke, chief deputy commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services. The task force held a total of seven meetings including an extended session to hear from six families who faced this impossible decision and experienced the heart wrenching and destructive consequences.

The task force initially focused on three primary areas of inquiry:

1. The extent to which custody relinquishment for the purpose of obtaining behavioral health treatment occurs and the related impacts on children, families and communities.
2. The causes, factors, policies, procedures and practices relating to custody relinquishment.
3. The existing or available best practices or model programs that offer access to services without requiring custody relinquishment (except where necessary and appropriate).

Given the complexity of this issue and the need for oversight and monitoring of progress, the workgroup recommends that this study continue for one additional year with a final report from the SEC to the Joint Commission on Health Care by November 1, 2005. The next task of this workgroup is the development of an implementation plan with specific target dates for the completion of these recommendations. Finally, to further enhance the coordination and monitoring of the implementation of these recommendations, these recommendations should be incorporated, where appropriate, into the SEC strategic planning process.

Service Delivery Challenges –

1. To develop a seamless system of care that integrates services across disciplines and to partner with stakeholders working to improve services to children
2. To develop policies that promote children and family services
3. To address gaps in existing services
4. To develop new services using evidence based practices and expand existing evidenced based models
5. To increase family involvement on committees, councils, task forces, addressing children issues
6. To promote early identification and intervention for children
7. To increase funding for children services

Shirley then enlisted the membership in a discussion about potential roles for the advisory group, orgnaizational issues, and related issues. The group then brainstormed group activities such as membership recruitment and expectations of the advisory group. The group started to map out activities and set the meeting schedule for 2005. The dates are:

February 15, 2005
May 17, 2005
August 16, 2005
November 15, 2005

The location for these meetings will be announced.

Potential agenda items for the February 15th meeting: advisory group input into the Office of Child and Family Services

1. Development of a Vision Statement
2. Development of a Mission Statement
3. Development of Goals

4. Development of Guiding Principles
5. Presentations by Department of Juvenile Justice (if possible, a second agency will be asked to present as well).
6. Purpose for the Advisory Group

Meeting adjourned at 2:00 PM.